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CONFIRMATION NO. 4092

<b>SERIAL NUMBER</b> 10/531,967	<b>FILING OR 371(c) DATE</b> 09/13/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> ON/4-32739A
<b>APPLICANTS</b> Charlotta All-Ericsson, Bromma, SWEDEN; Olle Larsson, Taby, SWEDEN; Stefan Seregard, Stockholm, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/11601 10/20/2003				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0224455.6 10/21/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/21/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 1095				
<b>TITLE</b> Treatment of uveal melanoma				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	